SUBMISSION

"I try not to see a doctor unless I really have to":

Perspectives of older Chinese migrants to the ACT about long-term conditions self-management

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About HCCA

The **Health Care Consumers' Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations
- training in health rights and navigating the health system
- community forums and information sessions about health services
- research into consumer experience of human services.

HCCA is committed to **consumer-centred care** as a foundation principle in all its work and to promoting consumer-centred care across the health system, within government and across the ACT community. Consumer-centred care meets the physical, emotional and psychological needs of consumers, and is responsive to someone's unique circumstances and goals.[1]

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1. Summary

This report explores how Chinese migrants to the ACT, who are 55 or older, look after their health when they have one or more long-term condition. It reports on learning from in-depth semi-structured conversations with 21 participants, and shares findings about:

- how participants look after or "self-manage" their health
- their perceptions of barriers to self-management
- what changes they think would help them, and others in the ACT Chinese community, to look after their health when they have a long-term condition.

The findings indicate factors that influence attitudes toward, and practices of, self-management, and patterns of health service use, among older migrants from China who have one or more long-term health condition. These factors are important to address in the design of future health promotion and health education programs, and in planning for the future delivery of health services to a multicultural ACT community.

Self-management

Self-management is a term to describe the many ways that people with long-term conditions look after their health. It is an established practice in health policy and service delivery, and seen as a way to "support people with chronic conditions to optimise quality of life".[2] For example, people may be asked by a health professional to change their diet, take up new kinds of movement or exercise, take medications and self-monitor their symptoms – sometimes using apps or devices. People with long-term conditions may also develop strategies to cope with fatigue, learn when and how to seek help if their symptoms worsen, and become adept at communicating with health professionals and navigating a fragmented health system.[3] An estimated 80-90% of all care for long-term conditions is undertaken by patients and families.[4] Self-management matters because people with long-term conditions who are able and confident to self-manage tend to have better health than those who don't.[5] Self-management relies on good individual health literacy, which HCCA defines at the capacity and motivation to get, understand and use health information to make health decisions and access services in daily life.[6]

Culturally diverse communities

Migrants and refugees from non-English speaking countries are more likely than people born in Australia to self-assess their health literacy as low.[7] They are also at greater risk than the general population of inequitable access to health services.[8] It follows that people from these communities, who have long-term conditions, stand to benefit greatly from participation in self-management support and education. Yet formal self-management education programs – for example the Expert Patients Program and Stanford Self-Management Program – generally are not adequately tailored to the needs and priorities of most migrants from non-English speaking

backgrounds[9]. People born in China – the participants in this study – experience long-term conditions at about the same rate as the Australian born population, for example reporting heart problems at about the same rate, and being slightly more likely to report having Type 2 diabetes.

This report

This is the first of three HCCA research briefs that will explore what self-management and good self-management support look like from the perspectives of culturally and linguistically diverse communities in the ACT

This research brief fills a gap in understanding about the factors that influence self-management among older Cantonese and Mandarin speaking people in the ACT. This information can assist in the design of fit-for-purpose health promotion and self-management programs, and forward planning for the delivery of health services that provide integrated, person-centred, long-term conditions care for a diverse ACT population.

Findings

Participants in this project place a high value on good health and wellbeing, on self-reliance, and on self-managing their health when they have a long-term condition. Almost everyone who took part in this project describe daily health-enhancing routines such as eating healthy food and regular gentle exercise. Many participants practice a range of activities they describe as “traditionally Chinese” in order to maintain good health, manage their long-term conditions and prevent illness. These practices include Tai Chi, moxibustion[1], acupressure and using remedies, herbs and medicines known in Traditional Chinese Medicine. These are largely self-directed activities. Very few participants consult Traditional Chinese Medicine practitioners. Participants see these “traditionally Chinese” practices as complementary to using mainstream health services, and compatible with a Western or biomedical model of health and illness.

The self-management and health-promoting practices described above matter to participants because they help maintain good health, and independence. Participants value good health, and take care of their health when they have a long-term condition, because this helps them stay independent as older people and reduces their reliance on family members. Some participants want to stay well and healthy so that they can contribute to the care of other family members, often grandchildren. Some participants felt their use of self-management practices, including “traditionally Chinese” practices, had helped them to stay well and avoid or defer the need to consult or seek help from General Practitioners and other health professionals. For most participants, this is a major attraction of these practices.

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[1] Moxibustion is a Traditional Chinese Medicine practice in which small cones of the plant mugwort are burnt on or near the body, in order to heat specific areas of the skin, usually aligned with acupressure points. (DermNet New Zealand, Moxibustion, www:https://dermnetnz.org/topics/moxibustion)

Family members, peers and community organisations are important sources of self-management support and information.

This project finds that barriers to accessing health and human services are significant impediments to self-management for participants. These barriers include the cost of services and waiting times. These factors make it harder for people to consult with health care professionals who could help them understand their condition, and offer support and advice about self-management. Participants also described difficulty dealing with health and human service agencies that are often experienced as impenetrable and sometimes arbitrary.

The language barriers for people who do not speak English confidently is a significant impediment to health service access and adds to the challenge of self-management. Participants reported facing specific difficulties accessing interpreters. Among the challenges are wait times, and – for some but not all participants – a preference for informal family interpreters.

This project finds that bilingual health professionals, in particular General Practitioners, provide invaluable culturally responsive support for participants' health literacy, health service access and self-management. Some participants with limited English fluency have a particular anxiety about whether they could communicate with first responders in an emergency, especially when calling an ambulance in the ACT.

These findings suggest aspects of self-management that should be addressed in future health promotion and self-management support initiatives appropriate to the circumstances and priorities of older Mandarin and Cantonese speaking people who have long-term conditions. These include:

- the value of family connection and caring for one another within the family as a source of wellbeing for many older Chinese migrants;
- the desire of many older Chinese and Mandarin speakers to be independent and self-reliant, and to maintain overall good health and wellbeing including as they grow older; and
- the importance of Traditional Chinese Medicine and "traditionally Chinese" concepts and practices in staying well and healthy

Specific information and support needs that could be addressed in future health promotion or self-management support initiatives include:

1. Information about possible risks and benefits of using Chinese medicines and herbs in combination with prescription medications.
2. Information and support to build confidence about contacting emergency services for people who speak limited English.
3. Information about where to go for free and low cost health services, and eligibility and application processes for Commonwealth assistance including social security, My Aged Care and the NDIS.
4. Information, targeted for family members and for older people, about the role of accredited interpreters.

5. Information and support for family members who take on the role of advocate for an older person, and who may be called on to act as an informal interpreter if no accredited interpreter is available (for example in an emergency).

Participants value Chinese Australian community organisations as a source of support and information for self-management. Future health promotion and self-management support programs are more likely to meet community needs if they are delivered in partnership with these organisations.

Finally, this project indicates the importance of health services actively promoting and measuring interpreter use, and valuing and supporting the essential role that bilingual health professionals – including General Practitioners - play in supporting good communication, person-centred and culturally respectful care. Provision to the community of easy-to-get information about where to find bilingual health professionals would support the "word of mouth" efforts of community organisations and community members to promote the services of these professionals. This could take the form of a list, ACT-specific data-base or an additional search function on an existing health service listing (such as the HealthDirect "find a health service" website).

2. About this report

This report shares the findings from community-led research that investigates how members of the ACT Chinese community, who are 55 or older, self-manage their health when they have one or more long-term condition. The report identifies:

1. factors that enable self-management, and barriers to self-management, for older migrants from China to the ACT.
2. opportunities for health and community services to support self-management and health literacy among this group of ACT community members.

This is the first of three planned research briefs that HCCA will develop in partnership with participating communities by June 2022. Future planned research briefs will explore the experiences and perspectives of members of the ACT Vietnamese community and ACT South Sudanese community (Dinka Bor speakers). This work is part of HCCA's 2021-22 project, *Looking after your health with a long-term condition: Culturally and Linguistically Diverse Community Perspectives in the ACT.* This project is supported by the ACT Health Directorate.

The aim of this project is to meet a gap in knowledge about the factors that influence self-management among culturally and linguistically diverse communities in the ACT, and to identify what good self-management support looks like for members of these communities.

HCCA anticipates that the information in this research brief will be relevant to anyone who delivers health or community services in the ACT, and for people responsible for designing future health promotion, health literacy and self-management support initiatives.

HCCA will use the findings from this project to inform the health literacy learning opportunities that we provide to consumers and carers, and for health and community sector professionals. For more information about this work visit www.cbrhl.org.au and www.hcca.org.au.

3.Context for the report

3.1. Self-management

Self-management is a term to describe behaviours and activities that enhance the health of people with long-term conditions.[10] It is an established practice in health policy and service delivery, and seen as a way to "support people with chronic conditions to optimise quality of life".[11] People with long-term conditions may be told by health professionals that they need to eat well, exercise, take medication, keep good mental health, watch for changes in their symptoms, self-monitor indicators of their health, use devices and self-administer treatments. In addition, people may need to develop strategies to cope with fatigue and other symptoms in daily life, and know when and where to seek help from health professionals. In fact, an estimated 80 to 90% of all care for people with long-term conditions is undertaken by patients and their families.[12] This is "self-management". It matters because people with long-term conditions who are able, motivated and confident to self-manage their health tend to have better health outcomes and better quality of life than those who aren't.[13]

3.2. Self-management support

Supporting people to self-manage their health is part of a consumer-centred approach to long-term conditions care. Self-management support includes "health care, social services and community-based initiatives aimed at supporting individuals and families to live well with chronic conditions".[14] This is a broad definition that includes but is not limited to structured self-management education programs, such as the widely implemented Stanford Chronic Disease Self-Management Program, and the Expert Patients Program. These time-limited small-group patient education programs intend to teach patients the skills required to self-manage a long-term condition. Unfortunately, evaluations of such programs find that they tend to be of most benefit to "white middle-class people with long-term conditions who already view themselves as effective self-managers".[15] In Australia, people from non-English speaking backgrounds, along with men, Aboriginal and Torres Strait Islander people and people with significant caring responsibilities are less likely to participate in these programs or to view them as relevant to their needs or reflective of their experiences of health and illness.[16] Given that chronic conditions care is one of the fastest growing areas of health need in the ACT,[17] there is an urgent need to find out what good self-management support looks for the diverse communities of people who live with them – so that future self-management support initiatives meet the needs of a diverse and multicultural Canberra community.

3.3. Long-term conditions in the ACT

Long-term conditions are very common in the ACT, as they are Australia-wide. Half of all adults have one, and over 45 per cent of people over 45 in the ACT have two

or more.[18] Demand for long-term conditions care is one of the fastest growing areas of health service demand in the ACT[19]. Despite this prevalence, health services are only beginning to pivot toward providing integrated care for long-term conditions.[20] Improving support to self-manage is part of the challenge of improving long-term conditions care.[21] The ACT population is culturally and linguistically diverse, with almost one in three residents born overseas and nearly 24% of households speaking a language other than English at home.[22] The 2019 Auditor General's Report into Chronic Conditions Care makes clear that long-term conditions care must improve[23]. ACT Government, health services and consumer groups work together to improve long-term conditions care, it is important that the circumstances and perspectives of people from culturally and linguistically diverse backgrounds are taken into account.

3.4. Migrant experiences: self-management and health literacy

Migrants to Australia are among those more vulnerable to poor health, and unequal access to health care.[24] Migrants from non-English speaking backgrounds are also more likely than people born in Australia to self-assess as having low health literacy. *Independent of other factors*, including socioeconomic disadvantage, *low health literacy* predicts lower use of necessary heath care services, and worse health outcomes.[25] The only nationally representative survey of health literacy in Australia (conducted in 2006) found that just a third of people for whom English was not their first language had the minimum required level of literacy to meet the complex demands of everyday life and work in 21st century Australia. This compares with over half of native English speakers who reach or exceed this level.[26] More recent ABS data echoed this finding, with people who speak English as a second language more likely to report health literacy challenges and less likely to report having good social support for health.[27]

Health literacy is necessary for long-term conditions self-management.[28] Defined as "the combined knowledge, skills, confidence and motivation used to make sound decisions about one's health in the context of everyday life",[29] health literacy is essential to being able to get, understand and use health information, make health decisions and self-manage your health, and care for others. People with lower health literacy tend to have worse health, lower engagement with preventative health care services, and greater reliance on emergency health care, [30] and they are also more likely to have long-term conditions.[31]

Migrants from non-English speaking backgrounds can face very significant demands on their health literacy. People with limited English language proficiency in particular can face significant barriers to good communication about their health care needs. These include:

- Difficulty accessing an interpreter when they need one
- Difficult getting translated health information

- Differences between the understanding of health and illness prevalent in their country of origin, and in the biomedical model of Australia health care – these differences can be difficult to articulate and communicate even when an interpreter is involved, and can lead to people feeling that their own understanding of their situation is brushed aside or overlooked
- Lack of familiarity with Australian and ACT health and human services – which can lead to people not knowing where to go for information or services.

In addition, past experiences of health care in countries of origin shape migrants' expectations of care in Australia. This can affect patterns of service use (and under-use). For example, migrants and refugees from countries with authoritarian governments may lack trust in public-funded health services. People who have experienced civil conflict or displacement may have significant physical and mental health needs, to which health services and professionals are not always equipped to respond to through trauma-informed models.[32]

Cultural influences also affect participation in self-management.[33] For example, previous research has looked at chronic illness self-management in Hispanic and non-Hispanic older adults and identified social support, coping strategies, spirituality, chronic disease health literacy, anger, and depression as important concepts to address when designing a health promotion intervention for this group.[34]

3.5. The ACT Chinese community

This research brief discusses factors that affect self-management by migrants from China to the ACT who are aged 55 or older. Chinese Australians are the largest linguistically diverse community in the ACT, and the second largest migrant population in the ACT, at an estimated 11,900 people.[35] For context, the single largest migrant population in the ACT is from England (13,300 people) and the third largest migrant community in the ACT is from India (10,900 people).[36] Mandarin is the language other than English most commonly spoken at home in the ACT, and Cantonese is the third most common.[37] Mandarin is also the fastest growing language other than English spoken at home in the ACT.[38] As one of the ACT's largest, longer-established and growing culturally diverse communities, the ACT Chinese community also includes an ageing population.

There is limited evidence available about health literacy and health outcomes among migrants from China to Australia. However, a recent review of NSW Chinese Australian communities found:

- A majority reported having inadequate health literacy.
- Those who reported inadequate health literacy also reported particular difficulty accessing health information, accessing healthcare services and interacting with health care providers.

- People from this community are more likely than the general population to represent to a hospital emergency department, suggesting delayed help-seeking and a lack of engagement with non-acute health services.

This review also found that Chinese migrants aged older than 65, people who migrated at an older age, recent migrants, women, and people who had low English proficiency and lower than university education were most likely to have low health literacy.[39]

Across Australia, people born in China are slightly more likely than the Australian born population to report having Type 2 diabetes, report having heart problems at about the same rate as the general population, and are slightly less likely to report having cancer or respiratory problems. This indicates that while rates of reporting vary slightly, people born in China are affected by the same chronic illnesses that are prevalent among the general population, though possibly at slightly different rates depending on the condition. There is also some evidence to suggest that migrants from China participate in screening activities at a lower rate than the general population.[40] The available literature also indicates that migrants from China to Western countries including Australia:

- Have less knowledge than people born in those countries about chronic disease and risk factors
- Are less engaged with health services, and are less likely to seek help for health issues.[41]

While data consistently indicates that people born outside of Australia have lower health literacy than the Australian-born population, published data for the ACT and surrounding NSW region reveals little about the specific health literacy strengths and barriers facing either emerging migrant or refugee communities, or well-established communities that now include an ageing population. The findings presented in this research brief help to fill this gap in knowledge, as it relates to self-management of long-term conditions.

4. Participants

Participants in this research are Mandarin or Cantonese-speaking migrants to the ACT. All the participants are aged over 55, with most aged 65 or older, and several participants in their 70s and 80s. The people who took part in this project had migrated to Australia between five and over 20 years ago. Over half had migrated to Australia within the last 10 years, to be reunited with family members already settled here. Most of these participants had come to Canberra with their spouse, to join their adult child and their family. Some of these participants lived with this extended family, while others lived separately with their spouse or alone. Most participants were retired, while the remainder (8 participants) were in paid employment or were seeking paid employment (1 participant).

Of the 21 participants 14 are women and 7 are men. The majority are originally from mainland China and speak Mandarin as their first language, and at home. Four participants are from Hong Kong and speak Cantonese as their first language, and at home.

Participants describe having the following long-term conditions:

- Arthritis
- Asthma
- Back pain
- Heart problems (including hypertension and atrial fibrillation)
- Migraine
- Parkinson's disease
- Type 2 Diabetes
- High blood pressure
- High cholesterol
- Hyperthyroidism

This list includes several of the conditions that are among the most prevalent long-term conditions in adults in Australia and in the ACT: these include arthritis, asthma, type 2 diabetes and heart problems.[42]

In addition to the conditions listed above, one participant is affected by longer term effects of stroke (dizziness, trouble balancing and difficulty concentrating), another has an unspecified "liver illness", and a number described themselves as living with the health effects of older age (for example, limited mobility and tiring easily). One participant had fallen over at home.

About half of the participants had two or more long-term conditions. The most common long-term conditions among participants are heart problems, arthritis, back pain or other pain, and Type 2 diabetes.

Several participants are, or previously were, family carers for an ill family member. Three participants, all women, described caring for a family member who had received palliative care after a long illness. Most participants have caring responsibilities for family members, in particular their young grandchildren.

Three participants described precarious housing or employment situations, for example having to borrow money from a family member to pay for household expenses, needing to move to temporary supported accommodation, and relying on income support due to loss of employment during the COVID-19 pandemic. The cost of health services was an issue of interest and concern to many participants – as is discussed in more detail in the Findings.

This project did not enquire directly about participants’ income or employment status, however a general sense of participants’ circumstances often emerged in the conversations and this information is shared here to provide some context for the discussion that follows in the Findings.

5. Method

This is a qualitative consumer experience research project drawing on semi-structured conversations with individuals and pairs of participants.

Eligibility to participate was extended to people aged 55 or over, who speak Mandarin or Cantonese as a first language and who have one or more long-term condition. In this project a long-term condition is defined as any health condition expected to last 12 months or more and requiring treatment from a health professional.

HCCA employed a Bilingual Peer Researcher to promote the opportunity to participate, support informed consent, provide non-accredited interpreting during the conversations and identify key themes in the conversations together with the HCCA staff member responsible for writing the project report.

The opportunity to participate was promoted through ACT Chinese community associations and networks. The Bilingual Peer Researcher was known to many participants as an English language tutor and a volunteer coordinator of activities provided by the ACT Chinese Australian Association (ACAA). Most participants were active participants in ACAA activities including dance classes, Chinese opera group and gentle exercise classes.

The Bilingual Peer Researcher provided people who expressed interest with information about the project aims and the topics that might be discussed in the interview. The Bilingual Peer Researcher also ensured participants knew that all topics in conversation were optional. This was reiterated at the commencement of each interview along with information about confidentiality and privacy protections for participants.

Participants were invited to choose whether to participate in a small group or individual interview. While HCCA had originally anticipated that most interviews for this project would in small groups, without exception participants preferred to speak individually, or together with their spouse or a friend.

Almost all participants spoke Mandarin or Cantonese during the interview. Some participants (3) spoke some English during the interview, and one interview was conducted mostly in English. Most interviews were a three (or four) way conversation between participants, the Bilingual Peer Researcher and the English speaking HCCA researcher. The Bilingual Peer Researcher provided non-accredited interpreting during the conversation. From a practical standpoint, interviews with two participants allowed the Bilingual Peer Researcher to interpret without unduly breaking the flow of the conversation, while having two participants in the conversation enabled the anticipated benefits of small group interviews: namely, validating aspects of experience shared by participants, and allowing common themes in experiences to emerge.[43]

Interviews took place at two separate points in time. The first seven interviews were conducted as part of HCCA's 2020 research project, *Looking after your health with a long-term condition: Experiences during the COVID-19 pandemic*, in September 2020. This was an opportunity to test the proposed approach to bilingual and cross-cultural research. Initial findings from this small number of interviews were shared in the 2020 report: *There's what your doctors say and then there's the real world: Long-term conditions self-management and support in the ACT during Covid-19.* This report also identified a need for further research into the experiences and expectations of long-term conditions self-management among ACT multicultural communities.

Most of the interviews for this project (with 14 participants) took place between August and October 2021. Four of these took place face-to-face in early August at the Theo Notaris Multicultural Centre. Following the announcement of the ACT COVID-19 "lockdown" (August to October 2021), the remainder took place by videoconference using 'Zoom'. Most conversations lasted about one hour, the longest took 1.5 hours and the swiftest was just over 30 minutes.

Interviews were recorded with participant permission. Only the English component of the interviews was transcribed, by the English speaking HCCA researcher. As a result, when excerpts from the interviews are presented in this report, they appear as they were interpreted by the Bilingual Peer Researcher. It is possible that some nuances of expression and meaning are missed in this process. Accredited interpreting would likely assure the most accurate possible representation of the speakers' own words. However, involvement the of the Bilingual Peer Researcher in this project has had the benefits of:

- Allowing the project to build on the existing connections of trust and shared experience between participants and the Bilingual Peer Researcher.
- Consistency of involvement from a community researcher with an insider's ("emic") perspective and understanding of community issues.
- Providing an opportunity for the two HCCA researchers to swap perspectives and confirm a shared understanding of key themes.
- Providing a cost-effective as well as rigorous approach to bilingual community research about health matters, which it has been possible for HCCA to implement with limited financial resources. [44]

Key issues and themes from the conversations were highly consistent, with data saturation emerging after six interviews in 2020 and seven interviews in 2021. This is consistent with what would usually be expected in exploratory qualitative research of this kind.[45]

Thematic analysis was used to identify major themes in the transcribed data, using NVivo software.

HCCA provided participants in the 2020 conversations with a summary of the research findings and recommendations. These were shared with participants by the

Bilingual Peer Researcher. HCCA will provide participants in the 2021 conversations with a summary of the research findings and recommendations in early 2022. Participants will receive a copy of this final report once release is authorised by the ACT Health Directorate.

Limitations

This is qualitative consumer experience with findings drawn from semi-structured conversations with just over 20 participants – a small number of people. As such the findings should not be read as representative of the experience of the whole Chinese ACT community, or of all older Chinese migrants to the ACT. However as discussed above, there was strong consistency in the issues and concerns for participants and data saturation was achieved. The findings therefore indicate a range of issues to consider when designing self-management support interventions that meet the needs of Chinese-born people in the ACT.

Semi-structured interviews addressed three main issues: how people look after their health with a long-term condition, barriers to looking after their health with a long-term condition, and their suggestions about what would make this easier for them or for other people in the ACT Chinese community. While conversations were wide-ranging, there may be factors affecting self-management that we did not enquire about and that are therefore not reflected in the findings. Importantly, the project did not ask explicitly about the role of family carers in supporting self-management, therefore this aspect of self-management may not be fully represented in the findings.

6. Findings

This section shares information about the factors that affect self-management of long-term conditions by older migrants to the ACT from China. This section begins by sharing *how* participants look after their health, before discussing the *barriers* to self-management and *opportunities* to improve self-management support.

6.1. How do participants self-manage their health?

Staying healthy: *"I hardly ever need to see a doctor"*

Participants who took part in this project place a high value on good health. With just one exception, participants described participating in a range of self-directed health-enhancing activities and daily routines. These matter to participants because they help them to be as healthy as possible, and to lessen or manage the health impacts of their long-term conditions. Generally speaking, for participants in this project, overall good health is at least as important as actively self-managing their specific long-term conditions. Self-management support initiatives therefore may be more likely to succeed if *long-term conditions* self-management is presented as part of sustaining overall good health and wellbeing.

Specifically, many participants described eating healthy food and participating in gentle exercise regularly. They value everyday routines of self-management – for example, eating similar healthy foods most days at the same time, or participating in daily exercise:

> *I hardly ever need to see a doctor. I eat a lot of beans, chickpeas and things like that. I'm very careful with my diet and exercise. (Participant 6)*

> *Every morning I eat some nuts to keep healthy and then I go out for a walk, to exercise. (Participant 5)*

> *We have a table tennis table at home. Because of the coronavirus, we don't go out walking, …we play table tennis together several times a day. (Participant 3)*

> *Exercise is good for blood circulation, to keep you fit and healthy and keep your immune system well. It makes your joints more flexible. That's why I do it. Even young people have to exercise otherwise they'll have problems as they get older. (Participant 4)*

> *After lunch I normally do some exercise outside, every day. I just get outside. You don't need strong exercise, just very gentle – like this! [stretching]. Normally it's a half hour and then I come back. (Participant 1)*

I ride an exercise bicycle. And sometimes I ride my bicycle here and there! I used to do this, you know, in China. (Participant 13).

All the participants take part in social activities with other Chinese and Mandarin speaking people, and regard staying connected with the Chinese community as part of staying well and healthy:

Socialising and all that, it's very important for our health. You need to keep in a good mood. (Participant 5)

There are two things I enjoy. One is eating my wife's delicious food, and the other is coming out to study English and be with other people. We come to English class twice a week and that makes us happy. (Participant 6)

I join all sorts of activities like singing and dancing with the ACT Chinese Australian Association. (Participant 4)

Participants emphasised the importance of these self-directed routines to their good health, wellbeing, and the management of their long-term conditions. They were much more likely to describe self-initiated activities such as eating well, exercising and taking part in social activities as being important to their health, than they were to describe aspects of self-management that are undertaken under health professional instruction (such as taking medication, or monitoring their symptoms.) One participant expressed this approach as follows:

That's my agenda. Good eating, good exercise, good resting and social contact. (Participant 1)

Participants in the project are describing a holistic and self-directed approach to self-management of long-term conditions in which enjoyable gentle exercise, eating well and social connection matter. As well as supporting good health, participation in Chinese community organisations provides an important source of information about health issues, and health care services. A number of participants described seeking health information or swapping ideas with family members, friends and peers in the Chinese community – in particular to find Mandarin or Cantonese health practitioners.

"Traditional Chinese ways"

Participants in this research practice many self-management activities that they describe as "traditionally Chinese" or "the traditional Chinese way". For example, they practice Tai Chi, use Chinese herbs considered in Traditional Chinese Medicine

to have health-giving properties in their cooking, self-administer Chinese massage, moxibustion and acupressure, use herbal foot baths, and traditional Chinese medicines (herbs, pills and topical creams). Participants describe these as being important to staying well and looking after their health with a long-term condition:

> *Traditionally in China we know these kinds of ways. (Participant 4)*

> *I massage my ear, it can help to fix a problem with the stomach or indigestion. This is Chinese tradition. (Participant 9)*

> *I do Tai Chi every day since I retired and now everything's going quite well. I still need medicine for my blood pressure but I think I'm very healthy. Tai Chi is a traditional Chinese movement to keep you fit and healthy. It's good for our health conditions. We practice about an hour a day. My wife makes our grandson's breakfast and I do Tai Chi. (Participant 2)*

> *I use Chinese ways to resolve the pain. You apply heat and smoke and the pain goes away. Also, I soak my feet in hot water and put herbs in to make the blood circulate better. (Participant 3)*

> *I hardly see a doctor for my diabetes. I just put some Chinese herbs in my soup. And I go to a doctor to check my blood pressure, and everything is OK. (Participant 7)*

> *I use Chinese herbs all the time. I try not to see a doctor unless I really have to. I just do some exercise and have some herbs and that sorts the problem out. (Participant 2)*

> *For my mum too, when I cared for her, we used herbs all the time in our porridge, soup and tea. Every week we used different herbs. And after I got my covid vaccination I took some herbs with tea to make me comfortable. Because, you know, GPs are very busy. Sometimes for small problems, you can use Chinese herbs to sort it out. (Participant 1).*

Some participants credit these "traditionally Chinese" practices with very significant health benefits. For example, one participant said that:

> *I don't need to see a specialist for my thyroid because I do Tai Chi. I had a blood test, and I could see for myself that the elements [measured in] in the test had come down and weren't too high. (Participant 3)*

Another participant had used a Chinese herb which she reported had resolved her very painful gallstones. A third participant carries a bottle of Traditional Chinese Medicine pills in her handbag, so she can use them if her heartrate becomes elevated. This participant reported that a person experiencing heart palpitations at a social event recovered, after she gave them one of these pills. These examples of using traditional Chinese remedies in acute situations is the exception rather than the norm for participants. Generally, they value these practices and remedies because they are health-promoting, or can help them to manage minor day-to-day health issues like indigestion or a headache on their own.

Participants see these “traditionally Chinese” practices and remedies as harmonious with the biomedical model of health and illness that underpins health provision in Australia. For most participants, one important benefit of traditional practices is that they may reduce the need to rely on doctors or other health interventions. While all participants use some “traditionally Chinese” approaches to maintaining good health, only two participants said they had consulted a Traditional Chinese Medicine practitioner in Australia, and three participants said they would not purchase Traditional Chinese Medicine preparations here. They felt these products would be too expensive in Australia. One participant said she “would not need” to see a “Chinese medicine doctor” in Australia, because other doctors are available. Generally, participants would prefer to see a GP for health and medical advice. Three participants had discussed their use of traditional remedies and medicines with a Chinese-speaking GP. They appreciated that their GP understood what these traditional products are, and how they work, so could provide good advice about this - one of many benefits of bilingual health practitioners, discussed in detail later in these Findings.

Of the small number of participants who did see a Traditional Chinese Medicine practitioner, only one saw a practitioner in Canberra, with others preferring to this occasionally when in Sydney or while visiting family overseas.

> *Sometimes I get traditional medicines in Sydney. They have good shops there. They have good doctors there too [in the shop]. They ask you some questions and then give you the herbs you need. (Participant 10)*

Some participants have friends or family in China post them Chinese medicine products. Their view is that these products are more likely to be a better quality, “purer” product than what is sold in Australia.

Independence and self-reliance

Participants in this project value self-reliance and independence highly. Almost every participant said it was important to them to take responsibility for looking after their health so they could stay independent and not rely on or burden other people. This can mean both:

- managing problems themselves without relying on doctors or other health professionals unless they really need to, and
- not burdening family members or depending on their assistance with health matters.

"Not needing" to see a doctor is a point of pride for many participants, who prefer to use a range of daily strategies to manage minor health matters themselves:

> *I never saw a doctor. Not even when I lived in Hong Kong. (Participant 1)*

> *We rarely need to see the doctor. If I have indigestion I cook some apple with a little bit of salt and then eat it in the morning. It can help your stomach and make you better. (Participant 2)*

Potentially, for some participants, seeking medical help only when you "really need to" could be associated with not participating in some preventative health activities. For example, one participant said that:

> *I got a letter about the bowel cancer test. My son said I should do it. I think it shows the government cares about the people's health. I got the letter twice, but I haven't done it yet. (Participant 1)*

However, it is important not to overstate this association. The project did not ask directly about participation in routine screening or other preventative health care initiatives. And some participants *did* see preventative screening as a priority, for example one participant talked about participating in a mammogram.

Participants, especially those who had come to Australia later in their lives to join adult children and grandchildren, were strongly motivated to look after their health in order not to burden or rely on family members:

> *We only have one child and we don't want to be a big burden for our child. You can have all sorts of health problems as you get older and you can be a big burden. (Participant 6)*

> *I don't want to burden my children, so I take care of myself. (Participant 19)*

> *All the Chinese people don't want to bother other people. So far, we're OK. We don't need any help. We're learning English so that we can do things for ourselves. (Participant 7)*

> *I always look after myself, for example wearing a mask when I go out, so I don't bother my son and my grandchildren (Participant 4)*

Several participants who took part in interview together with their spouse said they "look after each other". For these participants, supporting and helping one another – for example by exercising together and eating well – is an important part of self-management. This underscores the importance of partner and family support to successful self-management.

Those who migrated later in their lives, speaking little English, described the satisfaction they take in being able to negotiate daily activities independently:

> *We are proud of ourselves. We came here five years ago. We were already 70. My friends and family thought we could not handle it here. But we came, and we lived separately from our children. Our son picked us up and took us to our own house. From the first day, we have done everything for ourselves since then…*
>
> *We hardly need our children. Even when we see a doctor. Once, I drank too much coffee and I had a heart problem. I rang 000 myself and took an ambulance to the hospital, and I dealt with everything. I didn't tell my son until I was finished. Then I called him, and he came and got me. (Participant 3)*

Those participants who had come to Australia later in life to join adult children and grandchildren already here it is also important to stay well so that they can participant in family life, contribute to the care of grandchildren, and enjoy family life.

> *We have a daughter and two grandchildren in Canberra, but we live by ourselves. They are very busy looking after their own children, we want to stay healthy as we get older so we don't bother our children…*
>
> *In normal situations we can manage our health ourselves. We have a very good daughter and son-in-law here, so normal family life is very happy. And this is good for our mental health too. Life is quite happy and stable here, we look after each other and do lots of exercise to keep ourselves healthy and fit (Participant 2)*

In short, many participants want to self-manage their health and long-term conditions in order to maintain their self-reliance, avoid "burdening" family members and to contribute to family life. These are important motivators.

6.2. Barriers to self-management

Difficulty accessing health services is the main barrier to long-term conditions self-management described by participants. These barriers include:

- Language barriers, including specific barriers to interpreter use
- The cost of services, including the cost of dental care specifically and
- Wait times to access services.

Language barriers

Language barriers are the most consistently described barrier to health service access and self-management support for participants. For participants who speak little English, every aspect of getting to a health service can be a trial. One participant described the difficulty of working out how to read the bus timetable to get an appointment with a GP. Another described preparing to visit a Chinese-speaking GP for the first time. She decided that if she could just repeat the name of the doctor she wanted to see, the English-speaking receptionist would eventually understand and help her.

Most participants described being very reliant on family members to help them attend appointments, by driving them there, and helping them communicate with the doctor or other health professional.

> *If I need to see a doctor, my daughter will go with me. (Participant 6)*

> *Every time, my children go with me. My children do the interpreting. Because you have to call [the interpreter] and it can take a long, long time. You have to wait in a queue. (Participant 2)*

> *My son always goes with me to interpret, and to transport me too. (Participant 3)*

> *It used to be my son who went with me. Now, Community Services #1 have a specialised Chinese support person, they help me. (Participant 5)*

> *Since my husband passed away, there is another Chinese woman I know who took me to do a medical exam once. That's the only time I've had to go to a doctor. I only went because that other woman made me, and she was my interpreter. (Participant 8)*

Some participants who are not confident English speakers are quite anxious about how they would cope if they had to call an ambulance in an emergency:

> *I couldn't call an ambulance, because my English is poor (Participant 6)*

> *I live in an apartment. How could I explain how they get into my house, and where I keep the key? I can't call my son at night, he turns off his mobile phone. (Participant 21)*

One participant had practiced calling an ambulance many times, so felt confidence she could do it:

> *I can call an ambulance. My son taught me how. He told me what to say, and then said, "I'm going to call you and check you can do it". So I can do it. My son taught me to call triple 0 and then say "Mandarin" and my address. He checked on me many times and made me practice. (Participant 14)*

In short, the language barrier can starkly limit people's ability to access necessary health care.

Interpreter use and barriers

Less than half the participants (around 45%) had used a professional accredited translator in a health or human service. Of these, all had used an accredited interpreter just once or twice while living in Australia, almost always in a hospital setting and because the health service or a family member had arranged it. Those who had used the free Translating and Interpreting Service during a consultation with a health professional had found this helpful. This had mostly happened in hospital, because the health service had offered an interpreter could be present either by phone or in-person during a planned appointment with a specialist. In one instance, family members had requested that this happen.

> *When I had surgery for glaucoma it was fairly urgent. The doctor organised an interpreter, but my daughter came too. The hospital organised the interpreter. It was good, I could understand the interpreter. The professional interpreter can take care of the medical terms, but it's also good when my daughter comes with me. (Participant 5)*

> *It's quite good that they have this [interpreter] at the hospital (Participant 3)*

> *I've used an interpreter twice. Once at the dentist, and once when I got a mammogram. I don't know how well the person translated, but the things got done so I think it was OK. (Participant 4)*

> *The interpreter helped everyone understand. He was very professional, he could ask the question exactly. The specialist was there, otherwise maybe I would have forgotten to ask. (Participant 6)*

Participants had experienced range of barriers to accessing a translator. Some had tried to use the Translating and Interpreting telephone interpreting service but had

given up because the wait time was too long – it wasn't feasible or convenient to wait for the interpreter, as they needed an interpreter at the time they made the call. Some participants were unaware that there was a free interpreting service they could use, and some others knew there was such a service but were not sure how to arrange it. Two participants said they did not want to use the Translating and Interpreting Service, as they had used it in the past and found the person interpreting difficult to understand.

> *I know there's a telephone interpreter. I used an interpreter once when I got my driver's licence. Some translators, they speak Chinese but they're from Hong Kong or somewhere so it's not accurate. I didn't feel great about [using the interpreter], but it was OK. (Participant 3)*

Several participants described preferring a family member, usually an adult child, to act as their interpreter. They felt that this was more convenient, because their family member would probably be with them at the health service any way:

> *It's more convenient if my son does it. And also he drives me there. (Participant 1)*

Some feel that they can trust a family member to look out for their interests more than a professional interpreter would, especially in a life-threatening or acute situation:

> *I prefer for my children to do it. They can understand my Shanghai dialect, and I'm more relaxed with them. Once my children were on a business trip so they booked an interpreter for me at the hospital. The interpreter was good, they had a good service attitude and everything, and they're more professional because there's some terminology that my children wouldn't be able to translate for the doctor. So that's a good thing about the professional. But, speaking for myself, I'd still prefer my children. (Participant 2)*

> *If my life was in danger, I'd prefer my family go with me than a professional. (Participant 5)*

Some participants think it is almost inevitable that family members will sometimes take on the role of interpreter. For example, one participant said that while she would prefer her son did not translate for her, when she was an inpatient in hospital he was usually the only person there when the doctors did their bedside rounds at unpredictable times. If he hadn't interpreted, who would have? Two participants appreciated that sometimes in Canberra hospitals a call will be made over the loudspeaker for a Mandarin-speaking staff member to help them, or a Mandarin-

speaking health professional will come to talk to them to help explain what's happening. But despite these "work-arounds", barriers to interpreter use remain a serious impediment both to safe, high quality care and to self-management.

Bilingual General Practitioners

For participants, finding a Mandarin or Cantonese speaking General Practitioner is essential to their good health and wellbeing. Participants greatly value these bilingual health professionals, who can provide culturally responsive care, health information and self-management support:

> *A Chinese speaking doctor is more convenient for us. If we see any other doctor, we'd have to bother our children. We see a Chinese doctor in Belconnen, it's more convenient than the Chinese doctor we used to see in Tuggeranong, that was a bit far away. Close to home is convenient. (Participant 3)*

> *Our GP speaks Chinese. There are a few doctors who do. We can explain our situation better so we don't have to rely on our children (Participant 6).*

As well as being able to communicate with the GP, some participants said that a Mandarin or Cantonese speaking doctor would be more likely to understand the cultural influences on health and health care, for example to provide good advice about using traditional Chinese herbs or other remedies.

Bilingual GPs are also valued because they can provide reliable and trustworthy health information. For example, this participant describes discussing the risks and benefits of COVID-19 vaccination with her GP:

> *My GP can speak English and Mandarin. She knows I live alone. When I'm worried about something, she tells me, "You know, you can just go this website from the government". "Every time when you read something in Mandarin", she says, "You know, you need to be careful". I changed my mind about the [COVID-19] vaccine because of this. I thought I'd better have the vaccine. She explained to me about this in Mandarin. She gave me [information about] the English website, so I could do some homework. It was very good for me! She gave me the information in Mandarin, but she just told me the most important things. When I looked at the website, I looked at the title, you know, and if it's really interesting I looked in more detail. (Participant 1)*

In summary, for participants bilingual General Practitioners are an essential source of culturally appropriate health care, health information, and support for both health literacy and self-management.

Access to health information

Participants who speak and read little English are highly reliant on health information from Mandarin and Cantonese language sources. No participants in this project described being offered Mandarin or Cantonese language health information by health services in the ACT.

In addition to bilingual General Practitioners, participants described Chinese community groups as an important source of information including about health and health services:

> *Our community service, the Chinese Community Association, provides Mandarin information every day. For us. So we can the news first, every day. It's a very big help (Participant 1)*

Participants also found information about health issues on Chinese language websites, and from their family and friends on social media, in particular *WeChat*. They draw on a range of sources of health information to make decisions, including about self-management of long-term conditions. Information from peers, community groups and Chinese language sources are especially important. This is important to consider in future health promotion and self-management support initiatives.

Cost barriers to health care

Cost is an important barrier to health services for participants, and an impediment to self-management. Many participants have a general perception that health services in Australia are expensive.

> *Here, it's very expensive and you wait a long time! (Participant 6)*

> *My sister, it was very unfortunate, she had cancer and passed away many years ago. I came here to look after here. I think my sister and my brother-in-law spent a lot of money on medication. My sister was married here in Sydney, and then passed away. It was a lot of money for treatment. (Participant 7)*

The cost of services was a particular barrier for participants earning low incomes, and for temporary residents who are not eligible for full Medicare rebates. Some of these participants described delaying care and treatment, considering whether or not to have recommended treatments, and anxiety about whether or not they could afford health care costs:

I have a heart problem, and the GP referred me to the hospital. They asked me to do a CT scan. I haven't done it yet, I'm wondering how much it will cost. And I worry about next year, when I have to see the specialist. How much will we have to pay? (Participant 8)

The cost of dental treatment was a particular issue for people:

I wish the dentist was cheaper. (Participant 7)

Here it's very expensive and you have to wait a long time to get in. Some people go to Sydney, Cabramatta, where dentists are less expensive. (Participant 6)

I just take some Chinese medicine to stop my tooth pain. I've done that for a long time, 20 or 30 years. To see a dentist here is double the price, and it takes a long time to see a public dentist because the government takes a long time to do things. It takes a long time to see a government dentist, but a private dentist can be very expensive. (Participant 6)

Some participants said that prior to COVID-19 they would have waited until they were visiting family in China to see a dentist there. Because international travel has not been possible during COVID-19, one participant spent thousands of dollars on dental treatment, possible only because of an inheritance following the death of a family member. This participant thought that otherwise, she would have continued to defer the dental treatment.

Difficulty dealing with government agencies

For some participants, the difficulty of dealing with government services such as Medicare, NDIS, aged care services, Immigration and Centrelink is a barrier to good health and self-management. From their perspective, it is very difficult to find out whether they are eligible for services, or how to access the support these agencies can offer.

For a few participants in the project, the difficulty of dealing with government health and human services is closely associated with the potentially prohibitive cost of health services. For example, two participants had come to Australia on what they described as temporary "parent visas", with a view to applying for permanent residency. They now face uncertain but certainly long wait times for a determination about their application for permanent residency. Compounding their unease about their uncertain visa status, after several years in Australia their access to Medicare was revoked:

The reason is, the government said because our visa is a special kind for people aged over 65 who apply for residency. The government said according to the law we were not supposed to get a Medicare care and now they've found out, they've cancelled it. (Participant 9)

This seemingly arbitrary decision left these participants bewildered, anxious and very concerned about the cost of health services:

It's caused a lot of confusion. I needed to get a breast screen but because I didn't have the [Medicare] card I couldn't go. If you have the card it's free. Before, when we had a card, I had a liver problem and I was sent to Canberra Hospital for the medicine, to see a specialist. They sent a letter, saying, "Come and see her". It was free for four years. At hospital it was OK, but at the ultrasound place we had to pay. I worry about next year, when I go to see her, when we can't show the card anymore. How much will it cost? (Participant 8)

A similar sense of confusion was felt by participants who described dealing with other human services including My Aged Care, Centrelink and the NDIS. For example, one participant described her confusion about how to find out whether she might be eligible to withdraw some of her superannuation to help make financial ends meet after having lost her employment as an early childhood educator during COVID-19:

How to apply? I don't know if there's a way. If I could get an indication of how to get support... Right now, I just try to do things myself. I wish COVID would finish soon.

I guess my suggestion would be, that maybe people can get just a bit more money than Jobseeker, because it's hard to get a job at my age. In a few years I can get the pension but not yet. It's really hard to live on the Jobseeker payment. (Participant 2)

These experiences demonstrates that for some participants, concern about the cost of health services is compounded by a lack of clear information about eligibility for government assistance, along with their sense of dealing with an impenetrable bureaucracy that may make arbitrary decisions about the provision of sometimes (as in the case of unemployment benefits) inadequate social support. This creates an intertwining set of structural barriers to long-term conditions self-management.

Wait times

Participants described long wait times for specialist care, to see a GP, and for emergency care in hospital. They saw these long wait times as a barrier to getting

the health care they need. For most participants, this was a contrast with their experience of timely care in China:

In China there are a lot of people so there's a lot of health care. Here, there aren't as many people so health care is less convenient. I've heard that even in Emergency you have to wait a long time. (Participant 3)

In China if the doctor says you need tests, they'll write you a letter so you can go and do it and come back straight away, it's very quick. Here it takes a long time, they send you to another doctor then you wait, and then you can come back. Different countries do things differently. (Participant 4)

The worst thing is that you have to wait a long time to see a doctor, like if you a headache or something you have to wait two weeks and by that time it's not a problem. (Participant 6)

In Shanghai it's very quick. You don't wait as long. Maybe there's not as many doctors here. Here, the doctors are very slow, they take their time. It's not like China, they do things quickly. (Participant 5)

Some participants had experienced long wait times for care in hospital, leaving them with the sense that it is better not to seek emergency health care unless it absolutely cannot be avoided:

My face and throat swelled up, and I went to the walk-in centre, and they said I should go to hospital. My son took time off work to take me. We waited for four hours and I wanted to leave but my son said, "Let's keep waiting". After six hours nobody came to see me so I left. My son said, "If you have problems who will be responsible?" I said, "I am. I'm not waiting anymore"….

I have the sense it's best not to go to hospital. And because my children would have to go with me, I don't want to waste their time. (Participant 4)

These accounts indicate that participants perceive wait times as a significant issue when trying to access health services. These experiences underscore the value of ongoing active promotion to multicultural communities about the roles of different health services including the Walk-In Centres.

6.3. COVID-19

COVID-19 has compounded the challenges of self-management for people with long-term conditions, but also created new opportunities for self-management including the widespread adoption of telehealth and digital health. Chinese and Mandarin speaking participants in the 2020 and 2021 interviews for this project described being early adopters of self-management strategies specific to COVID-19, such as mask-wearing, self-isolation and social distancing. Connected to family and friends in China, participants were very aware of the risk that COVID-19 could pose, early in the 2020 pandemic. Some participants in the 2020 interviews expressed surprise at the slow adoption in Australia of mask-wearing, and government regulations requiring masks to be worn in public.

Participants described a range of impacts of COVID-19 on their lives, and their self-management strategies. Many had been able to adapt their daily routines to continue gentle exercise and social activities at home, or online:

> *I do Tai Chi with some friends on Zoom and we talk on WeChat every day. (Participant 1)*

> *I use my exercise bicycle because I can't ride outside. (Participant 8)*

Some participants described negative impacts of COVID-19 that reduced their ability to self-manage their health, for example losing employment and income during the 2021 lockdown. One participant reflected that it was hard to know where to get information to help with practical problems during lockdown, for example whether it was safe or permitted for tradespeople to come to your home to complete urgent repairs. This participant suggested that there should be an emergency telephone help service for questions about COVID-19 specifically for people with limited English language who need answers to their questions in their own first language.

Most participants in the 2021 interviews, which took place after COVID-19 vaccines were available, were keen to be vaccinated against COVID-19. However, some participants also described a lack of clear and reliable Mandarin and Cantonese language information about the risks and benefits of COVID-19 vaccination. This left some participants feeling nervous about whether it was safe to accept the vaccine or not. There was particular hesitation about whether AstraZeneca was a safe vaccine for people over 60:

> *I just saw the news on websites. At first I was very worried about the vaccination, because I'm over 60. I found some websites. But my friends, and my GP, and they all said "don't worry about it". After that, I was just a little bit nervous. We need to pay attention to any side effects, and drink water and do a bit of exercise after the vaccine. I had it last week, everything's OK. I had AstraZeneca. Now I just tell my friends, before you*

get a vaccine, you have to tell the doctor if you are sick and what medicine you take. (Participant 1)

As discussed earlier in these Findings, for some participants bilingual GPs played an important role in providing clear information to support decision-making about vaccines.

In one final impact of COVID-19 on self-management, some participants described appreciating the opportunity to consult with their GP online and benefit from e-prescribing:

> *We do this on the internet, then they send the prescription to the pharmacy and then we go and pick up the script. We do this on WeChat. They leave a message on WeChat and make an appointment. We do this at the Ginninderra Medical Centre. (7)*

These findings echo the experiences of many participants (both Chinese and non-Chinese) in HCCA's 2020 research on long-term conditions self-management during COVID-19.

7. Conclusion

7.1. Findings

These findings indicate that older people who have migrated to Canberra from China place a very high value on good health, and on self-management and the closely linked concepts of self-reliance and independence. When looking after their health with a long-term condition, participants value “traditional Chinese” approaches and connection to Chinese community networks.

The most significant barriers to self-management described by participants relate to language barriers that make it hard to communicate with health services and professionals, followed closely by the cost of services, wait times and the difficulty of navigating bureaucratic health and human service eligibility and application processes.

In relation to language differences specifically, the key findings of this project are that:

1. Some people who speak limited English are unsure if they could explain their situation to an ambulance telephone operator or other emergency health service.
2. Many participants have found it difficult to contact an accredited interpreter via the Translating and Interpreting Service (TIS). Some people are not sure what this service is or how to access it, others report experiencing very long wait times that make them hesitate to use the service in the future.
3. Some participants prefer to rely on informal family translators, because they perceive this as more convenient, they trust their family members to protect their interests, or they have had difficulty using an accredited interpreter in the past.
4. Preferences in relation to interpreter use are very varied. While some older Chinese and Mandarin speakers in this project would prefer not to rely on informal family interpreters, they feel this may happen regardless of their preference when no accredited interpreter is available.
5. Participants who have a Mandarin or Cantonese speaking General Practitioner value this very highly – it is essential to their good health, and access to good health information including to support self-management.
6. Using health and human services can be very difficult when you speak English as a second language. This includes not knowing what services are available, difficulty physically getting to services (for example knowing what bus to take and where to get off), and not being able to communicate with health professionals or reception staff.

While some of the barriers described above are outside the scope of what self-management support and health promotion programs can address, this project indicates some important themes for these initiatives to address. These are detailed below.

7.2. Implications for future self-management and health promotion initiatives

Health promotion and self-management support initiatives that meet the needs of older migrants from China will:

1. Reflect the importance of self-reliance and independence to many older Chinese migrants in the ACT, and their desire to maintain independence and overall good health including while growing older
2. Reflect the importance of family and social connections to good health and wellbeing
3. Recognise and validate the importance of "traditionally Chinese" and culturally relevant ways of self-managing a long term condition, and build on this foundation to encourage health literacy skills and confidence (for example this might include in areas such as asking questions, considering risk in health care, accessing low cost and free health services and safe use of medicines)

Findings from this project also indicate some specific information and self-management support needs among older Chinese and Mandarin speaking members of the ACT community. This includes:

1. Information and support for family members who may be called on to advocate across language and culture for an elderly family member
2. Specific information and support to build confidence in relation to contacting emergency services, particularly calling an ambulance
3. Information about safe use of traditional Chinese medicines and products in combination with prescription and non-prescription medications.

The project also indicates the ongoing need for health services and community organisations to:

1. Actively promote, monitor and measure the use of accredited interpreters in health services
2. Support, acknowledge and value the role that bilingual health professionals play in support of self-management and health literacy, including but not limited to in primary care settings. This includes by making it easier for people to find a bilingual health professional, for example by providing an ACT-

specific database or making this information more easily searchable on existing resources such as the Health Direct “Find a Health Service” website.

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